



**CANKDESKA CIKANA
COMMUNITY COLLEGE**

Spirit Lake Tribe

PO Box 269
Fort Totten, ND 58335

TRANSCRIPT REQUEST FORM

Date: _____

Print Name: _____

Address: _____

Phone #: _____

Social Security Number: _____

Birthdate: _____

Last year attended: _____

Signature: _____

Registrar's Office,

I would like a copy of my transcript sent to:

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